DOCUMENT RESUME

ED 145 754 HE 009 334

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TITLE A Curriculum Plan in Helath Care Administration Integrated with an External Career Ladder Educational Program.
SPONS AGENCY Central New York Regional Medical Program, Syracuse.; State Univ. of New York, Albany. Research Foundation.; State Univ. of New York, Oswego. Coll. at Oswego.
PUB DATE [77]
NOTE 43p.; Best available copy

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS Administrator Education; *Career Education; Cooperative Programs; *Curriculum Planning; *External Degree Programs; Financial Needs; Gerontology; *Health Personnel; Higher Education; *Nursing Homes; *Professional Continuing Education
IDENTIFIERS Allied Health; *State University of New York Coll at Oswego

ABSTRACT

Planning efforts aim to identify viable options for long-term care education and career management. The following factors have been identified as the primary needs in program development in health administration for long-term care facilities: defintion and scope of the field; methodology for priority identification; resources needed for an external degree program; and relationships and cooperative programming. These factors along with funding and implementation mechanisms are discussed regarding the role of Oswego College. The ultimate objective is to integrate an external degree program with a customary academic program and to bolster it through an ongoing continuing education program. (LBH)

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ED145754 JUL 20 1977

HE009334

A CURRICULUM PLAN IN HEALTH CARE ADMINISTRATION INTEGRATED WITH AN EXTERNAL CAREER LADDER EDUCATIONAL PROGRAM

Reference: Curriculum Planning and Development Contract
P.O. 11-1215E-6506-1704

Prepared for: The Research Foundation of
State University of New York
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Prepared for: State University of New York at Oswego
Oswego, New York 13126

Funded by: Central New York Regional Medical Program
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This report has been prepared with the assistance of the Public Health Service, HEW, the Research Foundation of the State University of New York/Upstate Medical Center and The Central New York Regional Medical Program. Its published findings and conclusions do not necessarily represent the views of those organizations.

FORWARD

During the past decade the entire course of career preparation in the field of health administration was drastically modified through federal and state governmental interventions that have already started to have a profound positive impact on the provision of health care in the United States. The singular element of forward momentum was originated in the provisions of Section 1908 (a) of Federal Public Law 90-248, January 2, 1968, entitled, "State Programs for Licensing of Administrators of Nursing Homes." This federal legislative provision became a mandate for individual states to initiate mandatory licensure programs for the administrators of long term care facilities. This action was initiated at the time of a major change in the national health care scene where for the first time the number of institutional health care beds in service for long term care patients exceeded the number of beds for acute general hospital care. The startling technological and scientific breakthroughs of the nineteen forties with the development of antibiotic therapy that drastically reduced the morbidity and mortality from communicable diseases had modified health care needs. With increased longevity of the population insured and further enhanced by more aggressive practice of preventive medicine, the need for continued growth and improvement in long term care services emerged as a new major national priority.

It is an understatement to reflect that educational institutions were not prepared for this instant upgrading of preparation for more than 20,000 nursing home administrators and the hundreds of thousands of supporting health personnel serving the million patients and residents of long term care facilities throughout the nation. The enormity of the problem of quickly moving forward a major segment of the health care delivery system was further prompted by the need for effective as well as efficient patient care in return for the "billions" of dollars expended each year in the newly developing Title 18 Medicare program of health care insurance and the federal-state plan of medical payment benefits to the needy in the Title 19 Medicaid program.

The logical point of emphasis was the nursing home administrator. As the chief executive officer of the nursing home this person was considered to be the prime target for upgrading and leadership development. Hopefully success in these endeavors would lead to improvements and personnel upgrading throughout the facility. With the average level of educational preparation of the great mass of nursing home administrators at best averaging one year of post secondary school preparation there evolved an immediate interim upgrading goal. This first step provided for a 100 hour educational program in the general care of knowledge of the field of nursing home administration.

Provisions of this basic training program for nursing home administrators and content of examinations and programs of training and instruction were provided in Rules and Regulations published in the Federal Register, Vol. 35, No. 41, February 28, 1970, Part II. Title 45 - Public Welfare, Part 252 - Medical Assistance Programs Related Responsibilities. The rough core of knowledge that had been outlined as a guide by the National Advisory Council on Nursing Home Administration just prior to the adoption of state licensure regulations was included in these rules and regulations. The principal nine core areas are as follows:

1. Applicable standards of environmental health and safety:

   (i) Hygiene and sanitation
   (ii) Communicable diseases
   (iii) Management of isolation
   (iv) The total environment (noise, color, orientation, stimulation, temperature, lighting, aircirculation).
   (v) Elements of accident prevention
   (vi) Special architectural needs of nursing home patients
   (vii) Drug handling and control
   (viii) Safety factors in oxygen usage.

2. Local health and safety regulations:

   Guidelines vary according to local provisions.

3. General administration:

   (i) Institutional administration
   (ii) Planning, organizing, directing, controlling, staffing, coordinating, and budgeting.
   (iii) Human relations:
      (a) Management/employee interrelationships
      (b) Employee/employee interrelationships
      (c) Employee/patient interrelationships
      (d) Employee/family interrelationships

(iv.) Training of personnel:
(a) Training of employees to become sensitive to patient needs.
(b) Ongoing in-service training/education.

4. Psychology of patient care:
(i) Anxiety
(ii) Depression
(iii) Drugs, alcohol, and their effect
(iv) Motivation
(v) Separation reaction

5. Principles of Medical Care:
(i) Anatomy and physiology
(ii) Psychology
(iii) Disease recognition
(iv) Disease process
(v) Nutrition
(vi) Aging processes
(vii) Medical terminology
(viii) Materia Medica
(ix) Medical Social Service
(x) Utilization review
(xi) Professional and medical ethics

6. Personal and Social Care:
(i) Resident and patient care planning
(ii) Activity programming
(a) Patient participation
(b) Recreation
(iii) Environmental adjustment:
Interrelationships between patient and:
(a) Patient
(b) Staff (staff sensitivity to patient needs as therapeutic function)
(c) Family and friends
(d) Administrator
(e) management (self government/patient council).
(iv) Rehabilitation and restorative activities:
(a) Training in activities of daily living.
(b) Techniques of group therapy.
(v) Interdisciplinary interpretation of patient care to:
(a) The patient.
(b) The staff
(c) The family

7. Therapeutic and supportive care and services in long term care:
(i) Individual care planning as it embraces all therapeutic care and supportive services.

(ii) Meaningful observations of patient behavior as related to total patient care.
(iii) Interdisciplinary evaluation and revision of patient care plans and procedures
(iv) Unique aspects and requirements of geriatric patient care
(v) Professional staff interrelationships with patient's physician
(vi) Professional ethics and conduct
(vii) Rehabilitative and remotivational role of individual therapeutic and supportive services.
(viii) Psychological, social and religious needs in addition to physical needs of patient.
(ix) Needs for dental service

8. Departmental organization and management:
(i) Criteria for coordinating establishment of departmental and unit objectives.
(ii) Reporting and accountability of individual departments to administrator.
(iii) Criteria for departmental evaluation (nursing, food service, therapeutic services, maintenance, housekeeping).
(iv) Techniques of providing adequate professional, therapeutic, supportive and administrative services.
(v) The following departments may be used in relating matters of organization and management:
(a) Nursing
(b) Housekeeping
(c) Dietary
(d) Laundry
(e) Pharmaceutical services
(f) Social service
(g) Business office
(h) Recreation
(i) Medical records
(j) Admitting
(k) Physical therapy
(l) Occupational therapy
(m) Medical and dental services
(n) Laboratories
(o) X-ray

9. Community interrelationships:
(i) Community medical care, rehabilitative and social services resources.
(ii) Other community resources:
(a) Religious institutions
(b) Schools
(c) Service agencies
(d) Government agencies

(iii) Third party payment organizations
(iv) Comprehensive health planning agencies
(v) Volunteers and auxiliaries

This initial training was subsidized through Title 19 Funding. Subsequent Federal support of training of administrators has not generally been forthcoming.

Todate there has been little organized effort to systematically enlarge this core of knowledge with detailed development of its component subsections. In 1973 the Regional Long Term Care Centers funded by the W. K. Kellogg Foundation completed six curriculum modules in long term care under the Department of Health, Education and Welfare contract and they are now available for national replication.

1. The Medical Director in Nursing Homes
2. Legal Factors in Long Term Care
3. Business Administration of Nursing Homes
4. Dental Practice in Nursing Homes
5. Pharmaceutical Services for Nursing Homes
6. Gerontology Curriculum for Nursing Home Administrators

The last two modules listed were developed under the direction of this writer who served as Project Director for the Units. Further Federal support for curriculum development on a continuing basis is realistically anticipated.

Virtually all states now have their own program of licensure for nursing home administrators. A majority of the states have adopted requirements for continuing education as a

condition of licensure renewal and most states have initiated steps for the academic upgrading of new entrants into the field. The field of long term care administration as a major component of health administration is clearly at a primitive state of development in comparison to the more esoteric and glamourized acute care segment of health administration localized in the voluntary community hospital and supported by medical schools and medical centers with a prime focus on more dramatic short term care and crisis intervention. It is a fair estimation to say that acute care facilities enjoy the bulk of health care resources, the favored position of prestige for their professional personnel and the advantages gained through earlier development and recognition as compared to the field of long term care. There is little tangible curriculum modification in the graduate programs of hospital administration to reflect attention to long term care considerations. Only George Washington University offers their graduate students in health administration a specialty option in long term care administration. The deficits extend to the primary health professions with few medical schools having even a single course in geriatrics in the undergraduate curriculum and schools of nursing generally having limited orientation of their students in nursing home settings and minimal formalized course concentration in areas such as geriatrics and the psycho-social care of the aged.

With increased attention to the field through licensure and more adequate Federal and state support programs for the care of long term care patients the need for more and better formalized educational programs has materialized. Insofar as there has been a major gap in both curriculum and undergraduates from basic four year preparatory programs prime development of degree programs has been on the associate and undergraduate degree level. This formation has been precipitated by a combination of factors as follows:

1. the upgraded academic requirements on an entry level for licensure
2. the dissatisfaction by many licensed administrators of pursuing educational offerings without a formal degree outcome and
3. the absence of viable options at a graduate level so that graduates from other disciplines have taken additional undergraduate course offerings when available in long term health care administration. An analogy is presented to the field of gerontology in which it is estimated that eighty percent of the educators and practitioners in the field have undertaken their academic professional preparation in disciplines other than gerontology.

From the foregoing developments and an assessment of the state of the field of long term care education there is substantial support for an academic commitment that will bridge the gap during the intermittent period in which the lifelong commitment of current practitioners focuses on skill maintenance and continuing education and the new career entrants into the field progressively prepare at higher academic levels up to the masters degree in new programs being developed. It is to these goals that planning efforts have been devoted to identify viable options for the single college or for the broader involvement of several colleges or the entire S.U.N.Y. system or a regional consortium for the Northeast that would serve the needs of New York and New England.

THE CONCEPTUAL PLAN FOR PROGRAM DEVELOPMENT, FUNDING AND FUTURE IMPLEMENTATION THROUGH OSWEGO COLLEGE

A. PROGRAM DEVELOPMENT CONSIDERATIONS

The following factors have been identified as the primary needs in the area of program development to meet the needs of the field of health administration for long term care facilities.

I. Definition and scope of the field.

II. Methodology for priority identification.

III. Resources needed for an external degree program.

IV. Relationships and cooperative programming.

B. FUNDING MECHANISMS

I. Current and prior funding sources.

II. Patterns of potential funding.

III. Options for collaborative planning.

C. FACTORS FOR IMPLEMENTATION

I. Review of progress todate.

II. Selection of short and long term priorities.

III. Promotion, implementation and follow-up of evaluations.

The foregoing plan has been developed with a view to attainment of a series of results leading to the ultimate objective of having an external degree program integrated with a more customary academic program and bolstered through an on-going program of continuing education. The service spectrum of the continuing education program would serve both the graduates of the external degree program and the formal degree programs as well as those students not choosing to pursue degree program offerings. The emphasis for the latter group, that would initially constitute the major bulk of students, would be on skill maintenance and the upgrading of knowledge to keep pace with changes and improvements in the field. Many offerings may serve multiple student interests with varied commitments dependent upon whether courses were being taken for degree credit or to meet continuing education requirements for licensure renewal. The continuing education requirement for renewal of

the license of nursing home administrators affects more than 20,000 practitioners nationally, a sizeable group with the uniquely mandated commitment that is virtually absent in the other health professions. Insofar as there are initial steps for required continuation being initiated for registered nurse licensure, with California being the most advanced, it is well to look to expansion of educational programming for nursing home administrators into similar offerings for registered nurses and other health personnel in the future.

I. Definition and Scope of the Field

It is well to adopt the following basic definition of health administration that is applied to the field of long term care through the specific focus on the management of nursing homes and related facilities where the service spectrum is of prolonged duration as contrasted to acute care facilities such as general hospitals with an average in-patient stay of 7 to 8 days per admission.

"Health administration is planning, organizing, directing, controlling and coordinating the resources and procedures by which needs and demands for health and medical care and a healthful environment are converted to specific services for individual clients, organizations and communities.[1] Long term care administration is the most rapidly expanding element of health administration. It has had a low priority by graduate programs in spite of an estimated 16,000 professional nursing

home administrators and assistant administrators employed.[2]

Some of the most pertinent curriculum recommendations of the National Advisory Council on Nursing Home Administration for graduate level educational programs for nursing home administrators are summarized as follows:[3]

1. For those who desire to pursue a career in nursing home administration, the most desirable program of training is a master's degree level program in broad medical care administration, followed by a year of academically significant experience in a long term care institution.
2. The Council recognized that graduate programs of education and training will be utilized by a minority of persons seeking a career in nursing home administration. Hence, it recommends that primary emphasis be placed on development of undergraduate courses in colleges and universities that will prepare individuals to serve as professional nursing home administrators. The Council believes that these courses should be based in departments of colleges or universities that have:
   a. a broad orientation in health and medical care with the capacity to borrow heavily from departments which teach administration and/or business oriented courses, and
   b. administrative and/or business administration departments with the capacity to borrow heavily from health and medical care oriented schools or departments.

3. A vital component of either curriculum includes the "social" and "psychological" aspects of long term care. Although no "accrediting" body currently exists for professional education in nursing home administration at the undergraduate level, it is essential that such programs fulfill the requirements of State Nursing Home Administrator Licensure Boards.
4. Similarly, U.S. Public Health Service Title I programs may have to make equivalent measurements of a college's or university's capacity to teach nursing home administration at the undergraduate level. These measurements will, of necessity, take the form of measuring the capacity of the faculty to present all areas of the Core of Knowledge recommended by the National Advisory Council on Nursing Home Administration in courses which meet appropriate standards for academic credit. Included in these evaluations must be assessments of "affiliations" under direct supervision of the faculty, with long term care facilities.

The Council highlighted the unique attributes and legal risks of the administrator as a result of licensure in its report to the Secretary of Health, Education and Welfare, as follows:[4]

"In the future, the administrator must be prepared to face possible civil, criminal, and/or official administrative actions. He may be subjected to adjucications of civil damages, penal actions, administrative reprimands, suspensions, or revocations of his license. The very fact that he has a license will invite complaints to the licensing authority.

After licensing, the administrator is charged with having specialized knowledge, and exercising judgment to the extent of this knowledge. The nature of the specialized knowledge with which the administrator is charged is, to a significant degree, determined by the depth of inquiry into the subjects of the licensure examination as well as the educational prerequisites for examination."

Clearly, the impact of the Council's admonition with respect to emerging liability for the administrator ties in with the customary commitment of institutions of higher education to meet this important new societal demand for upgraded education. As highlighted by the motto of the State University of New York, "Let Each Become Capable of Being," reflects most aptly the challenge and the commitment in long term care administration education. The accelerated evolution of this specialty area with only a fragmented core of knowledge affords multiple opportunities in educational development.

On the broadest scope a total commitment to meet the needs of this field would involve multiple channels of program as heretofore outlined. In addition, basic curriculum development would have to be pursued to supplement the few efforts being undertaken on the national level to fill the needs in this area of deficiency. In consideration of the development of an external degree program, the experience with other disciplines, such as nursing at Empire State College, founded by the Board

of Trustees of S.U.N.Y., would provide valuable bases for models and practical applications. Empire State College has a number of learning centers in New York State under coordination of a headquarters in Saratoga Springs. More of these units may evolve and additional mechanisms for the external degree may be developed within the S.U.N.Y. system. Dickler, in assessing conditions for planned evaluation of the outcomes from educational programs for nursing home administrators cites three prerequisites, as follows:

1. "The requirement of some agreement not only on what knowledge and attitudes should be tested, but what knowledge factors should be accumulated by administrators from experience as well as educational programs.
2. A prerequisite for complete and accurate knowledge of all forms of educational programs being offered to long term care administrators. This information must include who is sponsoring the program (university, professional association, state government, etc.), how it is organized (continuing, independent, residential, etc.), who is teaching (background, qualifications, etc.), what is being taught (curriculum), the teaching methods (experience, lecture, seminar, etc.) and the type of rewards offered (certificate, degree, required for state licensure, etc.). Such knowledge provides those critical variables which, when measured against a standard, can indicate the effectiveness of various types of educational endeavors and,

3. The final prerequisite is that knowledge of administrators must be obtained. It is essential for any evaluation that the knowledge as well as sociological characteristics (age, sex, background, etc.) of all entrants into programs be known. Without such information, data on the critical difference, it is hoped, will be achieved between entry into and completion of a course is unobtainable. And since this difference is the outcome, success or failure depends on the accuracy of this information."

There has been minimal development of these data during the short period during which licensure legislation has been in effect. Federal support for the training of nursing home administrators was terminated after limited assistance was provided at the outset of licensure with a small number of 100 classroom hour programs. As an important aid to this initial training effort a compendium of training considerations on nursing home administration was developed by the National Advisory Committee, for use in training programs for nursing home administrators with provisional licenses at the outset of state licensure programs.[6]

This document still serves to present a useful overview to the field although further updating and broadening of specialty areas within the field are now indicated. At about this same time, the external degree came to the forceful attention of the American academic community. This mechanism presented a host

of unresolved problems for the entire field of higher education while attracting an ever increasing interest of many of the fifty million of our population with unresolved educational needs beyond the high school level.

An understanding of the degree is a prerequisite to development of its adaptations to long term care administration. Confusion is easy to result from insights into the non-traditional Open University of Great Britain to limited concepts of independent study, formerly reserved for our honors students, to Bailey's conception of flexible time/space higher education.[7]

Learning opportunities within the generalized external degree model are identified as follows:[8]

1. Formal courses offered by any kind of institution, not merely colleges or universities.
2. Cooperative studies, in which several students with similar interests work together collaboratively.
3. Tutorials, in which a teacher guides an individual student studying a particular area of knowledge or competence.
4. Organized self-instructional programs, such as correspondence courses, programmed learning, or televised instruction.
5. Direct experience, which may be supervised or unsupervised but permits self-examination and reflection by the student.

6. Independent study by reading, writing, travel, or other means.

The 1973 Report of the Blue Ribbon Task Force on Education of the American College of Nursing Home Administrators reflects special emphasis on the significance of the external degree to the practicing administrator, as follows:[9]

"The most widely recognized vehicle at the present time is the external degree, which would allow for part-time non-residential and independent study options, as very real approaches to learning for the administrator. Such a program must be available on a national scale, and should guarantee to a large degree, a profitable learning experience without undue inconvenience on the part of the student. Such non-traditional approaches to study are seen at this time as largely an alternative for formal degree study normally associated with the younger student. On the other hand, the external degree is not viewed as a permanently installed delivery system, but a system which is dynamic, yet does not sacrifice the faculty-student relationship. An integral part of a program that takes place largely away from the academic institution should incorporate a strong screening and counselling element. Because non-traditional programs have historically relied on self-directed improvement techniques, it is understood that not all students can profit from such an experience."

The relationship of each phase of the overall plan that may be adopted by Oswego College will be governed by the commitment and availability of individuals and institutions capable of rendering the necessary support resources to reach stipulated objectives and realistic priorities within the resources that may prove to be available.

The factual reality of the beneficial potentials of a cooperative consortium in long term care administration have already been developed within a narrow geographic area by the Worcester Corsortium for Higher Education in Worcester,

Massachusetts. In cooperation with twelve of its institutional members, the Worcester Corsortium for Higher Education has achieved initial success in the development of both degree and continuing study programs in the area of long term care administration. The Consortium has joined a variety of resources to contribute to such study programs as: developing undergraduate and graduate programs in health facility management; a new medical school; programs in allied health; social and rehabilitation services, and nursing; and other opportunities in disciplines related to the study of health and health care.

In late 1972 the Consortium organized an option to allow students to draw upon these resources in pursuing study and career interests in the general area of "health enterprises management" with the following three dimensions:

- -a series of courses organized around the topic of "health enterprises management" and available through the Consortium's "no-charge" cross registration plan between the member institutions;
- -a program of internships/or community field studies developed through the Consortium office in cooperation with an Advisory Committee whose members represent various health enterprises within the greater Worcester area: and,
- -a system of faculty advisors based on each campus, who advise and consult with students on study and career possibilities available through the Option.

The Management of Health Enterprises Option represents an important basis for developing study opportunities in the area of long term care administration within this Consortium. Success

has been demonstrated among unrelated independent facilities of higher education working together to serve common concerns of efficiency, economy and more effective use of scarce personnel and resources in collaborative efforts in health administration education.

An important new study completed in late 1973 reflects an interest in continuing their education generally in some area of health administration by 27% of 1,056 respondents to a mail questionnaire survey sent to all administrators of nursing homes, hospitals, mental care facilities, and residential care homes in California.[10] Of these respondents 77% are either assistants, associate or full administrators of such centers. A significant 4% of the respondents direct nursing services and 65% of the group presently hold a nursing home administrator's license. Of notable significance were the respondents 95% stated preference for enrollment in an external degree program at the Bachelor's Degree Level for a program of guided home study combined with seminars one Saturday per month for four years, involving nine four-hour long Saturday meetings per year and an average of twelve hours per week of guided home study for a period of thirty-six weeks per year.

Implications for Oswego College

Needs have been outlined and the major problem considerations have been defined. Four areas for a structured approach to systematic involvement of Oswego College are projected for consideration as follows:

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1. The commitment of Oswego College to concern and support of this area will be distributed as an inquiry of interest among those with professional and community expertise in the area of long term care administration. Initial steps in this direction were concluded in an areawide conference held at Oswego College in May 1973 to explore interests, roles, priorities and resources available to meet the needs in this field with broad representation from interested parties in Central New York. Subsequent to the further promotion of interest and commitment an Advisory Committee on Education in long term care administration should be identified and organized.
2. A survey of administrators in increasing circles of target areas of concern to Oswego College should be undertaken in order to: (a) gather "student" information relevant to the planning of study programs; (b) determine priorities of interest concerning appropriate subject areas for programs in continuing studies; and (c) determining need and desirability for formal education at various degree levels.
3. In consultation with the Advisory Committee which may include faculty and administrative leaders the Operating Staff will plan and, through the support of cooperating colleges and institutions, seek to implement appropriate degree programs in long term care administration. Among the procedures

to be followed are: a survey of need and desirability; an assessment of resources available through cooperating institutions and professional organizations, including funding from federal and foundation sources; curriculum planning for the various levels of training; recommended curriculum patterns for various levels of training; faculty administrative and SUNY approval of developed curriculum patterns, including component parts of the external degree program; and, student recruitment and program evaluation.

4. Finally, in consultation with the Advisory Committee the Operating Staff from Oswego College will and, through the cooperation of affiliated institutions, seek to implement appropriate continuing study programs in the area of long term care administration. Among the procedures to be followed in implementing this program are: a survey of interest priorities concerning appropriate subject areas; an assessment of resources available through affiliating groups and of community or other resources; plans and arrangements for the study program, publicity and registration for the study program and finally presentation and evaluation of the study program.

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The specific curriculum plan for undergraduate degree programs would involve a broadening of the new program of business administration introduced at Oswego College in August 1973. Additional courses to supplement basic business administration curriculum offerings are projected as follows:

Health Administration

6 Semester Credits - The American Health Care System

6 Semester Credits - Seminar in Health Administration

3 Semester Credits - Decision Making in Health Services

6 Semester Credits - Administration of Long Term Care Facilities

6 Semester Credits - Patient Care Services

8 Semester Credits - Practicum in Long Term Care Administration

Some of the above units have already been used on an independent study basis by the writer of this report with seventy students in health administration at St. Joseph's College in North Windham, Maine.

An enlightened faculty acceptance of the validity of independent study in higher education is a prerequisite to utilization of this important resource that is vital for the implementation of an external degree program. Dressel and Thompson have elaborated pertinent considerations and a relevant definition applicable to the external degree as follows:[11]

"Independent Study is the student's self-directed pursuit of academic competence in as autonomous a manner as he is able to exercise at any particular time. Basically independent study calls for deemphasizing those practices which diminish and emphasizing those practices which increase the individual student's academic autonomy at any stage of his development."

The practicum may be employed to fulfill internship or residency requirements for licensure that have been imposed by a number of state licensure boards. The above cited components of the curriculum are those that should receive priority consideration in the formulation of a plan for the external degree in long term care administration.

The administrator in training program (AITP), or internship or practicum, provides a mechanism for combining characteristics of both training and experience in a unified educational opportunity. The AITP is most appropriately goal-directed to meet the individual needs of student participants. The AITP is academically planned and supervised. It requires close cooperation between the student trainee, his faculty advisor and field preceptors appointed by the participating college or university. Individual programs may be directed to the limited goals of satisfying state licensure requirements through completion of specific training time requirements in prescribed subject areas.[12]

The essence of the training program for the administrator is the engagement in functional administrative practice under controlled supervision. Each training program should provide a variety of experiences calculated to maximize the professional administrative growth of each trainee. The development of the successful training program entails the challenge for adequate flexibility to provide a variety of opportunities that meet

individual student needs.

Selected courses in the bachelor of science degree curriculum in business administration might be modified to present maximum transference of data and concept applications to students in health administration. A proliferation of course offerings is to be avoided because of the high unit costs of specialty preparations. The mix of health administration majors with other business administration majors should present positive benefits to students in both concentrations.

Finally, to the extent that waiver options may be provided in courses where competency may be demonstrated by experienced administrators a system of guidance, testing and performance evaluation will have to be developed for broader applications of the external degree components. Skilled staff personnel, including selected preceptors who will be directly responsible for the programs of internship or administrator in-training of students in the program will have to be supported both financially from resources of the college as well as through faculty involvement from the other contributing disciplines who will serve to meet the broad educational objectives of all students in the program.

In the phasing of program development, continuing education will be the least involved dimension for implementation. The following subject areas, consistent with the core of knowledge have been recommended for one and two day workshops on the

basis of current areas of priority for administrators in the New England States:

WORKSHOP #1 The Law and Health Care Professionals

WORKSHOP #2 Geriatric Rehabilitation - Organization and Practice

WORKSHOP #3 Social and Supportive Services for the Elderly, Roles and Responsibilities for the Social Worker, the Dietitian, the Nurse, and the Allied Health Professionals in the Community.

WORKSHOP #4 Psycho-Social Care of the Aged

WORKSHOP #5 Comprehensive Administrator's Review Course

WORKSHOP #6 Therapeutic Recreation

A summary of the objectives, outline and purpose of the first workshop is presented to illustrate the nature of the short term continuing education efforts as follows:

The Law and Health Care Professionals

Credit: May be offered for either/or one degree credit or fifteen hours of non-credit continuing education instruction.

Purpose: To provide health administrators, nurses, physicians and board members with an overview of the legal principles and processes which affect patients and all health care practitioners.

Objectives and Outline of the Workshop:

1. Familiarize participants with the basic legal principles generally pertinent to health service professionals.
2. Provide information concerning the legal rights and interests of patients and the legal obligations of nursing homes,

hospitals, physicians, nurses and health care administrators towards the patients they serve.

3. Presentation of case studies and student participation in development of practical problem solving methodologies.

B. FUNDING MECHANISMS

I. Current and Prior Funding Sources

The most substantial current financial support in continuing education and program development has come from the W. K. Kellogg Foundation of Battle Creek, Michigan through seven interrelated grants to six regional university based centers and to the Association of University Programs in Health Administration as a coordinating agent for the regional centers.

Support for curriculum development of six subject area modules for eventual national replication was provided for during 1972 and 1973 through the Health Resources Administration, Department of Health, Education and Welfare, Division of Long Term Care, Rockville, Maryland. Additional support for curriculum development is anticipated in the 1975 fiscal year budget.

Dramatic curtailments of federal training support were experienced in 1973 and they are continuing into 1974 due to expiration of health-related training legislation and due to impoundment of appropriated funds by the executive branch of the Federal Government. Previous Federal funding for instituting and conducting educational programs for nursing home administrators has been provided through the following sources:

Washington SUNY Research Office
Washington, D.C.
General National Research and Demonstration
Educational Funding Information

New York State Division of Vocational Education
Albany, N.Y.
Data on Manpower Development
Programs and Resources in New York State

Community Services and Continuing Education Branch
Division of Higher Education
U.S. Office of Education, DHEW
400 Maryland Avenue
Washington, D.C. 20202
Title I--Community Service and Continuing Education Grants

Career Opportunities Branch
Division of Comprehensive Education and Vocational Research
U.S. Office of Education
400 Maryland Avenue
Washington, D.C. 20202
Innovative and Research Programs with National Impact

Division of Manpower Development and Training
Bureau of Vocational and Technical Education
Room 5662-A Regional Office Building
7th & D Streets S.W.
Washington, D.C. 20202
Career Ladders in Health and Related Areas

Manpower Resources Branch
Bureau of Health Professional Education and Manpower Training
Public Health Service
National Institutes of Health
Campus Building 31
Bethesda, Maryland 20014
Health Manpower Development Demonstration Projects

State Title I Office
Albany, New York
Formal research and feasibility studies with service
demonstrations in the health field.

Options are available for the awarding of government purchase orders in an amount up to $2,500 for specific tasks to be performed for either regional or federal agencies that will make a contribution and have an impact on areas of priority in the health field. Such funding is oriented towards the completion of a direct service proposal. Contracts for services may be let in a similar manner for higher amounts up to $6,000. Where the educational agency is to be the sole bidder or provider, additional justification will be required on the part of the grantor.

II. Patterns of Potential Funding

The specific funding approach to be employed will be selected after some of the preliminary exploratory work as outlined in the first section of this report has been completed. The combined staff efforts of the administration and faculty working with the Advisory Committee will be required for the best decision as to the nature and scope of funding needs for the proposal and the sources through which they should be pursued. It is important to emphasize from the beginning that a budgeted allocation of funding from the regular operating budget and an estimation of revenue from tuition and service fees are desirable if not critically mandatory.

The proposal should reflect clearly defined plans to meet the priority needs established with logical statements concerning the expected accomplishments. Additional considerations are

as follows:[13]

Defense of why this plan is needed.
Description of the people to be involved.
Realistic financial planning.
Appropriate organizational arrangements.
Competence of persons involved.
Feasibility and realism of the project.
Importance and utility of the venture to the community or to society.
Originality and creativity of the proposed venture.
Need for requested support.
Soundness of the budget
Provision of objective evaluation of results.

III. Options for Collaborative Planning

The options for collaborative planning will be based upon the degree of commitment and projected scope of involvement desired by the Administration of the College within policies that may be developed or which exist and direct the patterns of activity that may be followed. It is vital to success to provide for the sharing of inputs and the results of developmental activities undertaken with all those who have an interest in and commitment to long term care administration. Through this process much of what has been developed in the field todate will be quickly brought to bear to aid the planning process and to enhance the potentials for success in any program that may be implemented by Oswego College.

Several illustrative pathways to program development are presented herewith, not in an exhaustive listing but merely to highlight alternate patterns whereby Oswego College may interface with others in this field.

1. The Trade Association - It is reflective of an emerging broadening trend that in 1973 the New York State Nursing Home Association changed its name to the New York State Health Facilities Association, Inc. The new Association headquartered in Syracuse has played a continuing role in fostering the development of nursing homes in the state and it has had an impressive record of providing training opportunities for all levels of personnel from long term care facilities in recent years. This would be an important group to work with on a continuing basis for current updating of developments in long term care.

2. The New York Chapter of the American College of Nursing Home Administrators and the National Office of ACNHA in Washington, D.C. 20014 - Increasingly, the professional stature of the state chapter and national organization of ACNHA has grown as they have evidenced a high degree of leadership in the field. Standard setting and upgrading are gaining their greatest impetus from this professional society designed specifically for nursing home administrators and improvement of practice to foster a higher level of service to long term care patients. Both state and national components of the organization must be viewed concurrently because of their overlapping commitment to educational advancements and research in this field.

Aggressive support of any programming and planning in long term care education is assured, with particular stress on the external degree considerations which are a current priority

for development by the Board of Directors and the national education and research committee of A.C.N.H.A. In the past this writer has served under federal grant through the College to extend a national basic training program for nursing home administrators throughout the country. Oswego College would no doubt be welcomed by the A.C.N.H.A. in joint pursuit of activities leading to the external degree for long term care administrators. Preliminary discussions are currently underway between the A.C.N.H.A. and Antioch College, Yellow Springs, Ohio, that is headquarters for the Union for Experimenting Colleges and Universities which is an association comprised of a group of approximately 30 colleges and universities who sponsor the University Without Walls. The heavy concentration of members on the eastern seaboard facilitates the potentials for collaborative efforts by Oswego College.

3. Collaborative Efforts Within the SUNY System

The great diversity of faculty resources and program offerings within the SUNY system offers an attraction for a systemwide interface of efforts initiated at Oswego College with other SUNY units. Specific interest in such liaison activities has been expressed by faculty and administrative personnel of units surrounding Oswego College. These are Cortland State, Cortland, New York; Onondaga Community College, Syracuse, New York and Utica/Rome College at Utica, New York. Initial field testing of continuing education program offerings at Utica/Rome

College have already given indication of a favorable response and a far greater potential still to be developed. While many positive benefits would accrue to the respective SUNY units through an interfacing of program development efforts further gains might be anticipated from a northeast regional approach and the extender capabilities that would be gained from a broader base of academic and professional collaborators.

4. Development of a Northeastern Consortium for Long Term Care Administration Education

It is recommended that early planning of the Oswego College team be focused on an integrated cooperative plan that would encompass the development of a consortium for the northeastern states of New York and the six New England States. This pattern would integrate the current areawide effort by the W. K. Kellogg Foundation in long term care in the New England Region and merge the potentials for joint funding support from Region I and II of the Department of Health, Education, and Welfare. Such regional activity predisposes to greater consideration by DHEW regional offices in line with recent federal policies favoring greater decentralization to regional offices of both funding capacities and program emphasis.

Definitive interest in collaborative efforts on a regional basis extending to a Northeast Regional Consortium has been expressed informally in contacts made by the writer with faculty and administrative officers at the following organizations with an interest in developing or with current on-going programs in

long term care administration education:

Quinnipiac College
Handen, Connecticut

New England College
Henniker, New Hampshire

Holyoke Community College
Holyoke, Massachusetts

Division of Continuing Education
University of Massachusetts
Amherst, Massachusetts

Northern Essex Community College
Haverhill, Massachusetts

Leicester Junior College
Leicester, Massachusetts

St. Joseph's College
North Windham, Maine

Concord College
Montpelier, Vermont

Providence College
Providence, Rhode Island

The New England Gerontological Association
Durham, New Hampshire

In summary, funding mechanisms will be related to the nature and scope of the program that is planned and to the organizational structure that will be formed to integrate the cooperative groups that elect to associate together in pursuit of mutual objectives.

C. FACTORS IN IMPLEMENTATION

I. Review of Progress Todate

Initial relationships have been established with providers of long term car services, with community and professional health

groups and with other academic facilities. Dr. James E. Perdue, President of Oswego College has taken leadership initiatives and established an administrative and faculty core study group to initially pursue continuing education options in the long term care field while preparing a base for more comprehensive study and programming towards an external degree and its related support elements. The May 1973 areawide conference at Oswego College identified even broader potentials of service for the middle management group of health services supervisors on a multi-disciplinary basis. Participating health leaders from throughout the state supported the provisional planning for programming in long term care administration and encouraged a further broadening into career ladder channels encompassing the total spectrum of advancement potentials for all personnel in non-clinical disciplines in the health field. This report updates the progress at Oswego College and integrated activity on the regional and national level in this field since the conference in May of 1973.

II. Selection of Short and Long Term Priorities

It is recommended that an initial short term priority shall be the designation of a full time campus director to coordinate and integrate planning efforts and program direction in the multiple areas outlined for action considerations in this report. Funding of the position plus secretarial support and an operating expense budget might be sought from one or more

foundations in a planning phase that would allow the design of a fully developed project proposal.

The priority for the long term period of five to fifteen years should be the development of a master plan for the involvement of Oswego College on a progressively increasing basis with state, regional and national groups that are identified as the leadership in this field. The various options and considerations for such master planning have been characterized in previous sections of this report.

An additional guiding format for planning educational programs and for health professionals and development of the master plan is presented herewith:[14]

1. The establishment of the need for the program.
2. Definition of what is needed.
3. Who is this being planned for?
4. Does the program fit the goal of the educational institution?
5. Feasibility of the program.
6. Advisory Committee.
7. Content or Curriculum.
8. Resources.
9. Administrative considerations.

III. Promotion, Implementation and Follow-up Evaluations

The leadership core of professionals from Oswego College will have to take actions to relate cooperatively and effectively with others in supporting leadership roles at every level within which they wish to puruse development of this field. Implementation may be immediate as long as there is a relevance to a total program that will be reached through a series of logical stages

of development. From the very beginning evaluation instruments will have to be developed along with a suitable data bank with a high capacity for data retrieve ability and assessment. Such considerations as cost benefit analysis of various educational service potentialities and an objective measurement of outcomes will help to insure the desired degree of accountability. To the extent such factors may truly measure the relative values of the external degree and its various sub-components that may be employed on a comparative basis with more traditional educational programming the real values of the innovative program may be determined. Standardized units of measurement will have to be developed to reflect the product of successful learning and to equate such factors as competency performance to traditional achievements in written examinations. Ongoing communication with the Advisory Committee and the initiation of periodic instructional workshops for faculty, preceptors and participants in the program to review the effectiveness of methodologies employed will facilitate an open evaluation leading to instant systems improvement.

An ambitious undertaking is anticipated. There is positive reception by administration, the faculty and leaders in the field. This area has a high priority based on state and regional needs. An important academic resource base is already established and in process of rapid expansion. It is strongly recommended that further aggressive pursuit of a leadership role

be undertaken by Oswego College. This report provides much of the structure and mechanics, the substance will have to evolve from the unique contributions of those who will complete the actions to bring the aspirations to a living reality.

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